



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
BILINGUAL/ESL PROGRAM
REFUGEE CHILDREN SCHOOL IMPACT PROGRAM
P.O. BOX 7841
MADISON, WI 53707-7841

Collection of this information is a requirement of PL 105-177.

Check one:

A separate application must be completed for each program checked.

- ☐ Consolidated Plans
☐ Preschool Bilingual/ESL Program
☐ Refugee Teacher Training
☐ Heritage Language/Bilingual Certification

For Project Year: _____ to _____
(Including Summer) Month/Year Month/Year

I. GENERAL INFORMATION

Title of Project

Applicant

Mailing Address *Street, City, State, Zip*

Contact Person

Title

Telephone *Area/No.*

E-Mail

Program Coordinator *If other than contact person*

Title

Telephone *Area/No.*

Program Coordinator's Mailing Address, *Street, City, State, Zip*

II. ASSURANCES

The applicant hereby gives assurance to the State Superintendent of Public Instruction that: *All must be checked.*

- ☐ 1. The Refugee Children School Impact Project grant assistance funds will be used to meet the cost of providing the authorized supplementary educational services to refugee students.
- ☐ 2. The administering agency, after consultation with appropriate officials, shall provide for the benefit of students enrolled in nonpublic schools secular, neutral, and nonideological services, materials, and equipment necessary for the education of refugee and youth enrolled in the nonpublic elementary or secondary schools, or Institutions of Higher Education (IHE).
- ☐ 3. The control of Refugee Children School Impact Project grant funds and the title to any materials, equipment, and property repaired, remodeled, or constructed with these funds shall be in an administering agency for the uses and purposes provided in this application.
- ☐ 4. The provisions of services to refugee students enrolled in programs, elementary and secondary schools, and institutions of higher education shall be provided by employees of an administering agency or through contract by that agency with a person, association, agency, or corporation who or which, in the provision of such services, is independent of that agency and of any religious organization; and any employment or contract shall be under the control and supervision of the administering agency, and these funds shall not be commingled with federal, state, local funds, or private funds.
- ☐ 5. The agency shall submit periodic reports that may be requested by the DPI and shall provide the DPI or federal government with information or records requested relative to the expenditures of the Refugee Children School Impact Project grant funds and/or services rendered. The agency shall attend department scheduled meetings.
- ☐ 6. Programs and services offered will be conducted in accordance with all federal, state, and local laws and all requirements set forth in policies and procedures as issued by the Wisconsin Department of Public Instruction.

III. SIGNATURE

Name of Agency Administrator

Signature of Agency Administrator

Date Signed



	IV. STUDENTS TO BE SERVED	
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Instructions:

List under column one the national origin of refugee children to be served under the Refugee School Impact Program at each age level. In column two indicate the number of refugees or their children to be served who are of the same national origin by gender and by total.

Note: Make additional pages as necessary.

1. National Origin of Refugee/Children of Refugees <i>Indicate total number by ethnic/national origin group.</i>	2. Number of Refugees/Children of Refugees		
	Male	Female	Total
A. Pre-Kindergarten to Grade 12 Children			
	a. Up to and including 5 years of age		
	b. 6 to 14 years of age		
	c. 15 years of age and older		
B. Adults/Parents			
C. College/University Students			
	a. Doctoral Level		
	b. Masters Level		
	c. Junior/Senior Level		
	d. Sophomore Level		

V. NARRATIVE

Format Instructions: For each of the items listed, attach a written description of how the project will address the specifics of that item. The responses should follow the numbering sequence of the items with boldface headings used to identify the responses. Responses should be concise and to the point.

For your project type (A, B, or C) describe overall goals, measurable objectives and activities, a timeline for each activity, and how your project will be evaluated. Be sure to include a **project abstract** with your narrative.

Allowable Goals:**A. Consolidated Plan Goal**

- Goal 1:** Improve academic performance of students from refugee families participating in this project through after-school tutoring in math, science, and reading/writing.
- Goal 2:** Improve social and cultural integration of refugee students and parents.
- Goal 3:** Reduce at-risk behavior and build resiliency among refugee children.
- Goal 4:** Provide learning opportunity for refugee children and parents to learn computer and technology skills in the community.

B. Preschool Program Goal

Goal: Improve academic performance of students from refugee families participating in this project through preschool ESL/Bilingual program.

C. Refugee Teacher Training Goal

Goal: Increase the number of refugee educators.

D. Heritage Language/Bilingual Certification

Goal: To promote bilingual proficiency and literacy skills for all students.

	VI. BUDGET	
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Complete both sections A (Federal) and B (State) for your annual budget. All expenditures should be shown in Section A **and** Section B.

A. For Federal Reporting

Report the expenditures listed below.

	Amount Requested	FOR DPI USE Amt. Approved	Budget Modification	
			Amount Requested	FOR DPI USE Amt. Approved
1. Educational Services				
(a) Content/academic instruction				
(b) English as a second language (ESL) instruction				
(c) Native language support/maintenance/instruction				
(d) Other training/learning/counseling activities				
(e) Special materials and supplies				
(f) Other <i>Specify</i>				
Subtotal 1				
2. Additional Basic Instructional Support Services				
(a) Classroom supplies				
(b) Overhead costs				
(c) Computers/accessories/technology				
(d) Acquisition or rental of space				
(e) Transportation				
(f) Other <i>Specify</i>				
Subtotal 2				
3. Preservice/Teacher Training				
(a) Tuition and fees				
(b) Books and materials				
(c) Stipends during internship				
(d) Conference/dissemination				
Subtotal 3				
GRAND TOTAL				

B. For State Reporting Budget Modification. Report all expenditures below.

VII. BUDGET DETAIL	
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1. PURCHASED SERVICES

A. Item Name <i>Includes all items budgeted under Purchased Services Classification (e.g., consultant, travel, postage, printing, telephone).</i>	B. Unit Cost	C. Estimated Total Cost	D. Purpose

	VII. BUDGET DETAIL (cont)	
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2. CAPITAL OBJECTS

A. Item Name	B. Quantity	C. Cost	D. Function

3. NON-CAPITAL OBJECTS

A. Item Name	B. Quantity	C. Cost	D. Function

4. PERSONNEL SUMMARY

List all personnel to be paid from the grant. If a vacancy exists which will be filled, indicate "Vacant" and attach position description.

A. Name	B. Position Title	C. FTE	D. Date(s) Service to be Provided	E. Salary	F. Fringe	G. Total
TOTAL >						

	FOR DPI USE ONLY	
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☐ Staff Review Completed

Date _____ Initials _____

☐ Comments

☐ Action: _____ Approve _____ Not Approve

Administrator, Division for Learning Support: Equity and Advocacy

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Date Signed